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     ANSWER 1 OF 1
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     2001329868
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AN
     PubMed ID: 11398082
DN
     Inhibition of mast cell tryptase by inhaled APC 366 attenuates
TI
     allergen-induced late-phase airway obstruction in asthma.
AU
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AB
     BACKGROUND: APC 366, a selective inhibitor of mast
     cell tryptase, has been shown to inhibit antigen-induced
     early asthmatic response (EAR), late asthmatic response (LAR), and
     bronchial hyperresponsiveness (BHR) in a sheep model of allergic
     asthma. OBJECTIVE: The purpose of this study was to investigate
     the effects of APC 366 on antigen-induced EAR, LAR, and BHR in mild atopic
     asthmatics not on any anti-inflammatory therapy. METHODS: Sixteen mild
     atopic asthmatics, each with a demonstrable antigen-induced EAR, LAR, and
     BHR to histamine, were recruited into this randomized, double-blinded,
     crossover study. APC 366 (5 mg)/placebo was administered by aerosol
     inhalation 3 times per day on treatment days 1 through 4. Allergen
     challenge was carried out on day 4. Histamine challenge was performed the
     following morning, 1 hour after final dosing. RESULTS: Subjects were
     shown to have a significantly smaller overall mean area under the curve
     for the LAR (P = .012) and mean maximum fall in FEV(1) for the LAR (P = .012)
     =.007) after pretreatment with APC 366 in comparison with placebo. No
     significant effects on BHR were demonstrable. Although the EAR was
     reduced by 18% after treatment with APC 366 in comparison with placebo,
     this was not statistically significant. CONCLUSION: Short-term repeated
     administration of APC 366 significantly reduced the magnitude of
     antigen-induced LAR in atopic asthmatics, which supports the role of mast
     cell tryptase in the pathophysiology of the LAR.
    Check Tags: Female; Male
     Administration, Inhalation
     Adult
     *Allergens: IM, immunology
       *Asthma: DT, drug therapy
       Asthma: EN, enzymology
        Asthma: PP, physiopathology
      Bronchial Hyperreactivity: DT, drug therapy
      Bronchial Hyperreactivity: EN, enzymology
      Bronchial Hyperreactivity: PP, physiopathology
      Cross-Over Studies
     *Dipeptides: AD, administration & dosage
     Dipeptides: TU, therapeutic use
     Double-Blind Method
     Humans
     *Mast Cells: EN, enzymology
     Mast Cells: IM, immunology
     Research Support, Non-U.S. Gov't
     *Serine Endopeptidases: ME, metabolism
     *Serine Proteinase Inhibitors: AD, administration & dosage
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Serine Proteinase Inhibitors: TU, therapeutic use

CN 0 (Allergens); 0 (Dipeptides); 0 (N-(1-hydroxy-2-naphthoyl)arginyl-prolinamide); 0 (Serine Proteinase Inhibitors); EC 3.4.21 (Serine Endopeptidases); EC 3.4.21.59 (tryptase)